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Attention:	Group Art Unit: 1745	From:	Travis Dodd
Fax:	571-273-8300	Fax:	818-833-2065
Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (13) Pages
Re:	Application Serial No.: 10/666,379 Title: ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE Filed: September 17, 2003 Examiner: Dah-Wei D. Yuan Group Art Unit: 1745 Attorney Docket No.: Q137-US10	Date:	December 20, 2006

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Amendment Transmittal Letter (2 page)
Fee Transmittal (in duplicate) (2 pages)
Amendment (7 pages)
Form PTO-2038 Credit Card Authorization (1 page)

Lisa K. Robbins
(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PM: (818) 833-2000 • FAX: (818) 833-2065

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DEC 20 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/666,379
		Filing Date September 17, 2003
		First Named Inventor Hiachi Tsukamoto et al.
		Group Art Unit 1745
		Examiner Name Dah-Wei D. Yuan
Total Number of Pages in This Submission		Attorney Docket Number Q137-US10

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavit/Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.63	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD. Number of CD(s) _____ Remarks _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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Customer Number or Bar Code Label

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The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 12/20/2006

Phone: (818) 833-2003
Fax: (818) 833-2065

By:


 Travis Dodd
 Attorney for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date:

Typed or printed name	TRAVIS DODD
Signature	
	Date

DEC 20 2006

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/666,379
		Filing Date September 17, 2003
		First Named Inventor Hiashi Tsukamoto et al.
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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application)	After Allowance Communication to Group
	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	Petition to Convert to a Provisional Application	Proprietary Information
	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
	Terminal Disclaimer	Other Enclosure(s) (please identify below):
	Request for Refund	
	CD, Number of CD(s) _____	
	Remarks	

Customer Number or Bar Code Label	31815 (Insert Customer No. or Attach bar code label here)
<p>The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.</p> <p>Respectfully submitted,</p> <p>By: </p> <p>Dated: 12/20/2006</p> <p>Phone: (818) 833-2003 Fax: (818) 833-2065</p> <p>Travis Dodd Attorneys for Applicant(s) P.O. Box 623127 Sylmar, CA 91392-9127</p>	

CERTIFICATE OF MAILING	
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Signature	
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Attorney Docket No.	Q137-US10
First Named Inventor:	Tsukamoto, Hisashi et al.
Application Number	10/666,379
Filing Date:	September 17, 2003
Examiner Name:	1745
Group/Art Unit:	Dah-Wei D. Yuan

TOTAL AMOUNT OF PAYMENT:		\$ 150.00
METHOD OF PAYMENT (check One)		1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	26 - 20 =	6	X \$50.00	X \$25.00	\$150.00
Independent Claims	1 - 3 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$150.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	12/20/2006

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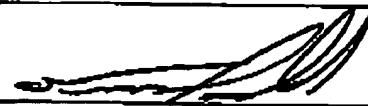
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Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	12/20/2006